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PTO/SB/21 (09-04)
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are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/036,208 **TRANSMITTAL** Filing Date October 29, 2001 **FORM** First Named Inventor H. Odaka Art Unit 1614 **Examiner Name** R. Cook (to be used for all correspondence after initial filing) **Attorney Docket Number** 2530 US1P

		r agoo iii	This Submission								
ENCLOSURES (Check all that apply)											
V	Fee Transmittal Form				Drawing(s)			After Allowance Communication to TC Appeal Communication to Board			
	∐ F€	ee Attach	ed		Licensing-related Papers	'S			Appeals and Interferences		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks The Commissioner is hereby authorized to choor credit any overpayment to Deposit Account			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard; rge any additional fees which may be required, 500799.				
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Firm Name			,								
Signature Eluino M Kumest											
Printed name Elaine M. Ramesh			/I. Ramesh						_		
Date			4/5/0	6		Reg. No.	43,032	43,032			
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PTO/SB/17 (01-06)

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Fees pursuant to the Co	onsolidated 4 man	Act, 2005 (H.R. 481	8).	Application Number 10/036,208							
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						October 29, 2001					
	For FY 20	טטע			H. Odaka						
Applicant claims	small entity status.	See 37 CFR 1.27	Examiner	Name	R. Cook						
TOTAL AMOUNT OF	DAVMENT (\$)	050.00	Art Unit		1614						
TOTAL AMOUNT OF	PAYMENT (\$)	250.00	Attorney D	ocket No.	2530 US1F)					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Accou	Deposit Account Deposit Account Number: 500799 Deposit Account Name: Takeda Pharmaceutical Company										
For the above-	identified deposit a	ccount, the Director is	s hereby authoriz	ed to: (check	call that apply	y)					
✓ Charge	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING,			S								
	FILING FEES SEARCH FEES EXAMINATION FEES										
Application Type	<u>Fee (\$)</u>		<u>Small Ent</u> e (\$) <u>Fee (\$)</u>	Fee	(\$) Fee (ees Paid (\$)				
Utility	300	150 50	00 250	200	0 100						
Design	200	100 10	00 50	130	0 65		 				
Plant	200	100 30	00 150	160	0 80						
Reissue	300	150 50	00 250	600	0 300						
Provisional	200	100	0 0	(0 0						
2. EXCESS CLAIN	1 FEES				F	Small					
Fee Description	20 (including De	siccuse)				9 (\$)	<u>(\$)</u> 25				
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Multiple depend			360 180								
Total Claims	Extra Claim	_	Multiple Dependent Claims								
- 20 or	HP =	<u>s Fee (\$)</u> _ x= :	Fee Pald (\$)		Fe	e (\$) <u>Fe</u>	е Pald (\$)				
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Indep. Claims - 3 or H	<u>Extra Claim</u> P =	<u>s Fee (\$)</u> x =	Fee Paid (\$)								
HP = highest number of	of independent claims	paid for, if greater than 3	j.								
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One Terminal Disclaimer: Petition for One-Month Ext. Of Time 250.00											
SUBMITTED BY Registration No. Talanhara											
Signature Elaine 74 Rangel Registration No. (Attorney/Agent) 43,032 Telephone 847-383-3391											
Name (Print/Type) Elaine M. Ramesh, Ph.D., JD Date 4/5/06											

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